

Return Authorization Form

Number: _____

Vendor Name: _____ Vendor Number: _____

P.O.#: _____ School: _____ Date: _____

Reason for Return: _____
_____**Items to Return:**

Qty	Item No.	Description	Price
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Credit \$ _____

Exchange or Credit or Repair (Circle one)

If Exchange, state item # and description: _____

Coding for shipping charges: _____

Fixed Asset No.: _____

Requested By: _____

Call tag: Yes No

Return Authorization # _____ Date Returned: _____

Approved By: _____ Return to: _____

Processed By: _____

Picked up By: _____

Date Picked up: _____

Was insurance purchased? _____ If yes, how much? \$ _____

Was Return Receipt Requested? _____ If yes, what is receipt # _____

Warehouse: White Copy Purchasing: Yellow Copy Finance: Pink Copy Principal/Department: Golden Rod
 Keep all documents intact. When warehouse picks up item(s) to be returned they will leave goldenrod copy.